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UNITED NATIONS POPULATION FUND

Draft country programme document for Bangladesh

Proposed UNFPA assistance:	$36 million: $25.5 million from regular resources and $10.5 million through co-financing modalities and/or other, including regular, resources
Programme period:	5 years (2006-2010)
Cycle of assistance:	Seventh
Category per decision 2005/13	A

Proposed assistance by core programme area (in millions of $):

	Regular resources	Other	Total
Reproductive health	16.0	8.0	24
Gender	4.0	2.0	6
Population and development	3.5	0.5	4
Programme coordination and assistance	2.0	-	2
Total	25.5	10.5	36

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I. Situation analysis

1. Bangladesh, with a population of 140 million, has an annual population growth rate of 1.54 per cent and a population density of 861 persons per square kilometre, which is among the highest in the world. Between 1994 and 2003, the total fertility rate plateaued at 3.3 children per woman. According to the 2004 demographic and health survey, the total fertility rate is 3 children per woman and the contraceptive prevalence rate is 58 per cent. The population is expected to stabilize at 250 million in 2085. The maternal mortality ratio is high, at 320 deaths per 100,000 live births. Ninety per cent of births take place at home, and skilled health personnel are present at only 13 per cent of all births.

2. Women constitute the majority of the poor and are more vulnerable due to their low status in society. Maternal malnutrition is high. Violence against women is prevalent, taking the form of physical assaults, trafficking and dowry-related abuse. Legal measures to safeguard women's rights are poorly implemented. A significant improvement has occurred in girls' education: the primary school enrolment rate for girls is 86 per cent. A government initiative that provides stipends and free schooling for girls up to twelfth grade has been successful.

3. About a quarter of the population consists of adolescents. Nearly half the adolescent girls are married and 57 per cent become mothers before the age of 19. Contraceptive prevalence is lowest among married girls, resulting in early and unplanned pregnancies. Maternal mortality among adolescents is almost double the national average, and infant mortality is 30 per cent higher among adolescent mothers.

4. During the past decade, Bangladesh has made gains in economic and social development. However, per capita income is only $444. More than 60 million people live below the poverty line. Rapid urbanization has led to an increase in urban slums, where health conditions are very poor. Dhaka is expected to be the third-largest mega-city in the next decade. The HIV/AIDS prevalence rate is low, though the country is highly vulnerable to the epidemic.

5. A strategic goal of the poverty reduction strategy paper (PRSP) is to improve reproductive health. The national Millennium Development Goal (MDG) report, which links reproductive health and poverty, includes the target of reproductive health for all, in line with the goals of the Programme of Action of the International Conference on Population and Development (ICPD). In addition, the sector-wide approach (SWAp) encompasses safe motherhood as a component of the essential services package.

II. Past cooperation and lessons learned

6. The sixth country programme was undertaken from 2003-2005, so that it could be harmonized it with the Executive Committee agencies of the United Nations Development Group (UNDG). The programme was an integral part of the health-sector SWAp. It used the parallel funding mechanism and addressed both maternal mortality and morbidity.

7. The programme supported government efforts to increase access to and the availability, quality and utilization of reproductive health services, including family planning, emergency obstetric care, and the prevention and treatment of reproductive tract infections/sexually transmitted infections (RTIs/STIs). This was undertaken through 64 maternal and child welfare centres (MCWCs) and *upazilla* (subdistrict) health complexes. The programme helped to establish a fistula centre at Dhaka Medical College Hospital and a screening programme for cervical cancer. It used multi-bilateral funds to strengthen adolescent reproductive health services, contraceptive

security, HIV/AIDS prevention, safe motherhood and gender initiatives.

8. A successful pilot initiative with the World Health Organization (WHO) trained skilled birth attendants and was expanded to 24 districts. In addition, the programme trained service providers at MCWCs and urban clinics to address gender-based violence. It also trained service providers and oriented ministry focal points on HIV/AIDS.

9. The advocacy programme brought about positive behavioural change by addressing reproductive health, gender and HIV/AIDS issues through partnerships with sectoral ministries, parliamentarians, opinion leaders and religious leaders. The programme trained young people on reproductive health issues through formal and non-formal channels.

10. The programme also supported research on fertility, gender and other population issues. Village-level digitized maps for 46 districts are being used for local development planning, including poverty mapping and census enumeration. The programme continued to support the postgraduate programme in population studies at Dhaka University.

11. Lessons learned include the need to: (a) involve stakeholders, including youth, in all stages of planning and implementation; (b) concentrate on selected areas while supporting interventions at the national level; (c) intensify safe motherhood interventions; (d) develop strategies to identify and address the poor and underserved; and (e) build a database disaggregated by gender and poverty at national and subnational levels.

12. Additional lessons learned include the realization that: (a) substantial multi-bilateral resources can be raised through sustained efforts with donors; (b) capacity-building is a prerequisite for effective resource management; (c) advocacy efforts continue to play a critical role in population programmes; (d) partnerships with the Government, community-based organizations, civil society organizations and other development partners contribute to project design, synergy and implementation; (e) capacity-building in commodity security, population- and gender-focused research and training is essential for programme sustainability; and (f) there is a need to be better prepared for natural disasters and emergencies.

III. Proposed programme

13. The proposed programme reflects the ICPD agenda, the priorities of the common country assessment/United Nations Development Assistance Framework (CCA/UNDAF), the UNFPA multi-year funding framework, and the recommendations of the midterm and thematic reviews. The programme, which is results-based and uses a rights-based approach, will continue to be part of the health-sector SWAp. The programme will strengthen partnerships with the Government, NGOs, development partners, United Nations agencies and the private sector.

14. The programme focuses on selected national priorities and will address: safe motherhood; reproductive health information and services, with a special focus on young people and HIV prevention; gender equity and equality; and the utilization of gender-disaggregated data for development planning and poverty reduction. The programme will support advocacy on population, gender, and reproductive health and rights at national and subnational levels, including through South-South cooperation. In addition, the programme will contribute towards all six UNDAF outcomes through three programme components: reproductive health, gender, and population and development.

15. The programme will emphasize national capacity-building. While some interventions will be national in scope (advocacy, contraceptive security and the SWAp), the programme will focus on two districts in two

low performing divisions (Chittagong and Sylhet). The programme calls for two field offices to be established in these districts.

16. The goal of the programme is to contribute to improving the reproductive health status of the population. The outcomes of the programme are: (a) population and reproductive health strategies (the PRSP, the MDG report and the population policy) are effectively translated into programmes, especially for the poor and vulnerable; (b) young people are given information and services, and empowered to protect themselves, especially against STIs and HIV/AIDS; (c) a policy environment that promotes reproductive health and rights is created; and (d) women and girls are supported and empowered to make decisions about their reproductive health and rights.

Reproductive health component

17. Four reproductive health outputs will contribute to four UNDAF outcomes: (a) survival and development rights of vulnerable groups are ensured within an environmentally sustainable framework; (b) the most vulnerable groups have improved life conditions, skills, services and job opportunities; (c) human security is strengthened and vulnerability to social, economic and natural risks is reduced; and (d) increased ability of the country to understand and respond to the HIV epidemic.

18. Output 1: Increased access to improved sexual and reproductive health information and services. By focusing on safe motherhood, the programme will strengthen services and ensure quality by: (a) improving preventive and curative care at service delivery points; (b) training skilled birth attendants; (c) enhancing the referral system; and (d) addressing maternal morbidity such as fistula and cervical cancer, and piloting breast-cancer screening. The programme will explore partnerships with the Food and Agriculture Organization of the United Nations and the United Nations World Food Programme (WFP) in areas such as maternal nutrition.

19. The programme will also enhance the procurement capacity of the Government in reproductive health commodity security to meet family planning needs and ensure a balanced method mix; address the reproductive health needs of selected urban slums and two low performing districts; and address the reproductive health needs of people affected by natural disasters.

20. Output 2: Increased demand, especially among the poor and vulnerable, for reproductive health services. The programme will enhance awareness of reproductive health and rights, especially of women, through mass media campaigns aimed at generating demand for reproductive health information and services. It will encourage positive behavioural change through community mobilization efforts and the involvement of religious leaders, parliamentarians and civil society. The programme will also address the needs of the poor through pilot programmes, such as voucher schemes.

21. Output 3: Sexual and reproductive health needs and the education of young people addressed. The programme will raise awareness of reproductive health issues among adolescents and young people through formal and non-formal educational channels, youth advocates and youth forums. It will also develop youth-friendly services, including counselling and life-skills development. The programme will link the provision of services with the livelihood programmes of other United Nations agencies. UNFPA will help to prepare and implement an action plan based on the adolescent reproductive health strategy. Boy Scouts, Girl Guides and youth clubs will mobilize and address youth.

22. Output 4: Improved awareness of and prevention of RTIs, ST's and HIV/AIDS among young people and high-risk groups. The

programme will organize mobilization campaigns and other advocacy activities to increase knowledge and awareness of STIs, including HIV/AIDS, among young people and other high-risk groups. Other activities will include formal and non-formal educational programmes; promotion of condoms for dual protection; policy dialogue; and sensitization and orientation of community leaders, policy makers and religious leaders.

Gender component

23. The output of the gender component will contribute to the following UNDAF outcome: societal changes are realized to reduce discriminatory practices and to pursue equity and empowerment for women and girls.

24. Output: Rights of women and girls promoted and gender equity enhanced. The programme will promote gender equity and women's empowerment by encouraging male involvement, sensitizing service providers and promoting community participation. Policy dialogues will address discriminatory legislative provisions against women and promote the implementation of women-friendly laws. The programme will establish a coalition of men to advocate against gender-based violence and to support women's reproductive health and rights. It will also sensitize health-care service providers and law enforcement agencies about gender-based violence. The programme will inform adolescent girls and women working in garment factories and on tea plantations of their reproductive rights and how to prevent HIV/AIDS.

Population and development component

25. Two outputs will contribute to the following UNDAF outcome: the human rights of children, women and vulnerable groups are progressively fulfilled within the foundations of strengthened democratic governance.

26. Output 1: Population and gender concerns integrated into national and sectoral plans. The programme will collect and analyse data on harmful practices such as dowry, early marriage and gender-based violence, incorporating the findings into national and sectoral plans. It will help the Government to develop a plan of action for the national population policy. The programme will also organize sensitization dialogues with policy planners, decision makers and civil society on urbanization, migration and population momentum.

27. Output 2: Improved analysis and utilization of data disaggregated by age, sex, economic status and location. The programme will strengthen national capacity in collecting, analysing and utilizing data and in formulating policies to achieve the goals and objectives of the ICPD Programme of Action, the MDGs, the PRSP and the SWAp. It will also seek to improve understanding of demographic trends, the determinants of the total fertility rate, and the linkages between reproductive health and poverty, particularly through digital mapping. The programme will support the production of high-quality data, policy formulation, training in population studies and institutional capacity-building.

IV. Programme management, monitoring and evaluation

28. The programme will coincide with the strategic investment plan of the health-sector SWAp (2003-2010). UNFPA will continue to support the SWAp through parallel funding, with a small proportion of funds placed in the funding pool. The programme will be nationally executed, in partnership with United Nations agencies, NGOs and the private sector.

29. UNFPA will continue to work with the Directorates of Family Planning and Health in the Ministry of Health and Family Welfare, as well as with the Ministry of Youth and Sports and the Ministry of Education. Annual programme reviews, frequent monitoring visits and periodic reviews of the results-based monitoring framework will be undertaken. The programme will use national databases for monitoring and evaluation, and will conduct baseline surveys. The Economic Relations

Division of the Ministry of Planning and Finance will be the central coordinating agency.

30. The UNFPA country office in Bangladesh consists of a representative, a deputy representative, two assistant representatives, an operations manager and programme and administrative support staff. Programme funds will be earmarked for national programme staff, within the framework of the approved country office typology. National project personnel will also be recruited to strengthen programme implementation. The UNFPA Country Technical Services Team in Kathmandu, Nepal, will provide technical assistance.

RESULTS AND RESOURCE FRAMEWORK FOR BANGLADESH

National priority, 2006–2010: (a) health, nutrition and sustainable population; (b) education and pro-poor growth; (c) social protection and disaster-risk reduction; and (d) prevention of and protection against HIV/AIDS
UNDAF outcome: (a) survival and development rights of vulnerable groups are ensured within an environmentally sustainable framework; (b) the most vulnerable groups have improved life conditions, skills, services and job opportunities; (c) human security is strengthened and vulnerability to social, economic and natural risks is reduced; and (d) increased ability of the country to understand and respond to the HIV epidemic

Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Reproductive health	Outcome 1: Population and reproductive health strategies (the PRSP, MDG report, the SWAp and the population policy) are effectively translated into programmes, especially for the poor and vulnerable Outcome indicators: • The contraceptive prevalence rate increased from 58% to 70% • The proportion of births attended by skilled health personnel increased from 13% to 50% Outcome 2: Young people are given information and services, and empowered to protect themselves, especially against STIs and HIV/AIDS Outcome indicators: • Proportion of the population aged 15-24 with comprehensive knowledge of HIV/AIDS	Output 1: Increased access to improved sexual and reproductive health information and services Output indicators: • Deliveries by skilled birth attendants increased from 13% to 20% by 2010 • Percentage of women accessing antenatal care increased by 10% per year in pilot areas • Number of clients receiving family planning services in pilot areas increased by 15% Output 2: Increased demand, especially among the poor and vulnerable, for reproductive health services Output indicators: • Percentage of clients accessing services in UNFPA-supported service delivery points increased by 20% • Voucher scheme piloted in one *upazilla* (subdistrict) covers 50% of poor pregnant mothers Output 3: Sexual and reproductive health needs and the education of young people addressed Output indicators: • National adolescent reproductive health strategy and action plan for young people developed • 20% of service delivery points offer information and services for young people Output 4: Improved awareness of and prevention of RTIs, STIs and HIV/AIDS among young people and high-risk groups Output indicators: • Percentage of young people knowledgeable about the transmission and prevention of HIV and STIs increased from 48% to 60% • Percentage of commercial sex workers using condoms during last intercourse increased by 20% in two brothels	UNDP, United Nations Children's Fund (UNICEF); WFP; WHO Ministry of Health and Family Welfare; Ministry of Women's and Children's Affairs; Ministry of Local Government and Rural Development Other relevant ministries and development partners NGOs and civil society organizations	$24 million ($16 million from regular resources and $8 million from other resources)
National priority, 2006–2010: gender equity and advancement of women **UNDAF outcome**: societal changes are realized to reduce discriminatory practices and to pursue equity and empowerment for women and girls				
Gender	Outcome: Women and girls are supported and empowered to make decisions about their reproductive health and rights Outcome indicators: • National mechanisms in place to monitor and reduce gender-based violence • Civil society partnerships actively promote gender equity, women's and girl's empowerment and reproductive rights	Output: Rights of women and girls promoted and gender equity enhanced Output indicators: • Proportion of community leaders and decision makers sensitized through UNFPA programmes who promote gender issues increased to 20% • Reliable data on gender-based violence becomes available • Male coalition established that supports women's rights and condemns violence against women	UNDP; UNFPA; UNICEF;WFP; WHO Ministry of Health and Family Welfare; Ministry of Women's and Children's Affairs Other relevant ministries and development partners NGOs and civil society organizations	$6 million ($4 million from regular resources and $2 million from other resources)

National priority, 2006-2010: democratic governance and human rights
UNDAF outcome: the human rights of children, women and vulnerable groups are progressively fulfilled within the foundations of strengthened democratic governance

Programme component	**Country programme outcomes, indicators, baselines and targets**	**Country programme outputs, indicators, baselines and targets**	**Partners**	**Indicative resources by programme component**
Population and development	Outcome: A policy environment that promotes reproductive health and rights is created Outcome indicators: • Reproductive health and gender concerns incorporated into the PRSP, SWAp and MDG reports • Strategies are in place to delay age at marriage • Population-related data from national databases disaggregated by age, sex and poverty level used to monitor national development plans	Output 1: Population and gender concerns integrated into national and sectoral plans Output indicators: • Harmful practices (early marriage, dowry, gender-based violence) analysed and user-friendly publications disseminated • The Government is assisted in developing an action plan for the population policy Output 2: Improved analysis and utilization of data disaggregated by age, sex, economic status and location Output indicators: • Poverty profiles by age and sex established in pilot areas • Digital mapping utilized for reproductive health-related activities	UNDP; UNFPA; UNICEF; WFP; WHO Ministry of Health and Family Welfare; Ministry of Women's and Children's Affairs; Ministry of Finance and Planning; Ministry of Education; Bangladesh Bureau of Statistics Other relevant ministries and development partners NGOs and civil society organizations Research and academic institutions	$4 million ($3.5 million from regular resources and $0.5 from other resources Total for programme coordination and assistance: $2 million from regular resources